

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE		REGISTRAR'S NO.	
14		A. COUNTY <i>Maricopa</i>		A. STATE <i>Arizona</i>		B. COUNTY <i>Maricopa</i>	
DEATH		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Wickenburg</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Yarnell</i>			
EVIDENCE		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>3 days 22 yrs.</i>		D. STREET ADDRESS <i>Gen. Del.</i>			
		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <i>Community Hospital</i>		E. STREET ADDRESS (IF RURAL, GIVE LOCATION)			
		3. NAME OF DECEASED		4. SEX		5. COLOR OR RACE	
		A. (FIRST) <i>Lila</i>		B. (MIDDLE) <i>nn</i>		C. (LAST) <i>Richs</i>	
		D. (TYPE OR PRINT) <i>Lila</i>		E. (TYPE OR PRINT) <i>Richs</i>		F. (TYPE OR PRINT) <i>Female</i>	
NT		6. MARRIED - - - - -		7. DATE OF BIRTH		8. AGE	
1		NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		MONTH DAY YEAR <i>Feb. 1 1994</i>		YEARS MONTHS DAYS <i>56 7 17</i>	
IAL		9B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>minn.</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
A		14A. FATHER'S NAME <i>Charles Spencer</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>unknown</i>		15A. MOTHER'S MAIDEN NAME <i>Clara Palmer</i>	
7		16. INFORMANT'S SIGNATURE <i>L.D. Richs</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Sept. 20 1950</i>		18. CAUSE OF DEATH	
950		18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
60 X		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Aplastic Anemia</i>		2 1/2 yrs	
IE		*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <i>Diabetes Mellitus</i>		?	
H		PLACE DISEASE CONTINUED.		II. OTHER SIGNIFICANT CONDITIONS			
18)		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <i>Clot, embolism, left Ventricle, Two back kidneys etc.</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ONS,		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
SY		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
H X		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Post 34.0 yrs</i> 19 <i>9-20-50</i> THAT I LAST SAW THE DECEASED		23A. SIGNATURE <i>Clayton B. Rader</i>		23B. ADDRESS <i>Wickenburg, Arizona</i>	
FO		23A. SIGNATURE (DEGREE OR TITLE)		23B. ADDRESS		23C. DATE SIGNED <i>9-23-50</i>	
IAL		24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE <i>9-23-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wickenburg</i>	
ICE		24A. BURIAL CREMATION REMOVAL <input type="checkbox"/>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
AL		25A. DATE REC'D BY LOCAL REG. <i>9-25-50</i>		25B. REGISTRAR'S SIGNATURE <i>Maomi Coffinger</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. Coffinger</i>	
NER'S		25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		27. EMBALMER'S SIGNATURE	
ATION		25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		27. EMBALMER'S SIGNATURE	
AL 37		25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		27. EMBALMER'S SIGNATURE	
OR		25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		27. EMBALMER'S SIGNATURE	
AR 2		25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE		27. EMBALMER'S SIGNATURE	